Richmond.

07696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13 E)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Worton Md R.F.D. Fountain
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Worton Md Rural Fountain
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Emily Hackett Brown.

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: C

6.(a) Single, married, widowed, or divorced: married.

6.(b) Name of husband or wife: Joseph Brown

6.(c) If alive, give age ~~[illegible]~~ years

7. Birth date of deceased (mo., day, yr.): Oct 12 1902

8. AGE: Years 38 | Months 8 | Days 12 | If less than one day ... hrs. — min.

9. Birthplace: Fountain R.F.D. Worton Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business —

FATHER
12. Name: Samuel Hackett
13. Birthplace: Fountain R.F.D. Worton Md

MOTHER
14. Maiden name: Georgiana Butler.
15. Birthplace: Kent Co Md

16. Informant: Joseph Brown
Address: Worton Md Rural Fountain

17. Burial (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof: July 4 1940. (month) (day) (year)

Cemetery or crematory: Fountain Md

Location: Near Worton Md

18. Funeral director: B R Fellows
Address: Still Pond Md

19. July 4 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1940 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 13 1940, to July 1 1940 and that I last saw her alive on June 4 1940

Immediate cause of death: Pulmonary Tuberculosis

DURATION: about 6 months or longer

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other

Address: Chestertown Date signed: July 2, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94b)

07697

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent Co.

City or town Millington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Clough

3. (b) Social Security Number 216-07-5815

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Clough

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.): March 27 1878

8. AGE: Years 62 | Months 3 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace: Kent Co. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: N. D. Clough

13. Birthplace: Maryland

MOTHER

14. Maiden name: Anna R. Dulc

15. Birthplace: Maryland

16. Informant: Ida Clough

Address: Millington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24 1940 (month) (day) (year)

Cemetery or crematory: Galena

Location: Galena Md.

18. Funeral director: Edward Fellows

Address: Millington Md.

19. July 22 1940 (Date rec'd by registrar) Deputy Local M. Nier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 21 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death: Angina Pectoris

Due to: Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Season 1938 1930

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Brice M. D. or other

Address Millington, Md. Date signed July 24/40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07698

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (117a)

County Kent — Registration Dist. No. 202

Village or City Chestertown — No. Kent and Upper Queen Anne's — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred A. Crew

(a) Residence: No. Chestertown, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced HUSBAND of [redacted] Annie Crew

6. DATE OF BIRTH (month, day, and year) MAY 11, 1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Kent County (State or country) Maryland

FATHER

13. NAME Alexander Crew

14. BIRTHPLACE (city or town) Kent County (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Burch

16. BIRTHPLACE (city or town) Kent County (State or country) Maryland

17. INFORMANT Hosp records (Address) Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Date July 18, 1940

19. UNDERTAKER B K Tolbert (Address) Undertaker Still Pond Md

20. FILED July 17, 1940 Alice C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1940, to July 16, 1940

I last saw him alive on July 16, 1940; death is said to have occurred on the date stated above, at 7 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	7-4-40
Peritonitis	7-4-40
[redacted]	

Other **Contributory Causes** of Importance:

Infected abdominal wound	7-4-40

Name of operation Closure ruptured gastric ulc Date of 7-4-40

Whether test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. L. Sick M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (192)

CERTIFICATE OF DEATH

07699

Reg. Dist. No. 201

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (I) MARGIN RESERVED FOR BINDING (M)

1. PLACE OF DEATH:
County Kent
City or town Colemans Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Colemans Rural Worton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME George Hamilton Dorsey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	married

6.(b) Name of husband or wife Edna C Dorsey
6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) apr 16 1868

8. AGE: Years 72 | Months 3 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace RFD Colemans Worton Md (Town, county, and state)

10. Usual occupation Farming

11. Industry or business Farming

FATHER 12. Name Unknown

13. Birthplace Maryland

MOTHER 14. Maiden name Nancy

15. Birthplace Maryland

16. Informant Edna C Dorsey
Address Colemans Worton RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26/40 (month) (day) (year)

Cemetery or crematory Colemans
Location Worton Md Rural Colemans

18. Funeral director B.R. Fallows
Address Still Pond

19. July 26 1940 (Date rec'd by registrar) J.H. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 2 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to July 23 1940
and that I last saw him alive on July 23rd 1940

Immediate cause of death	DURATION
Due to Was Struck by Lightning	
Due to	
Other conditions Complete Paralysis	

(Include pregnancy within 3 months of death)

Major findings of operations X
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other
Address Still Pond Date signed 7/26/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

07700

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hawthorne Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helena Feringer

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Feringer
6(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Sept - 4 - 1867
8. AGE: Years 72 Months 8 Days 16 If less than one day ____ hrs. ____ min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: —
12. Name of father: Ulrick Ruder
13. Birthplace of father: Germany
14. Maiden name of mother: unknown
15. Birthplace of mother:
16. Informant: John Feringer
Address: Rock Hall
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 1940 (month) (day) (year)
Cemetery or crematory: Wesley Chapel
Location: Rock Hall
18. Funeral director: Wm. H. Gee
Address: Church Hill
19. July 23 1940 (Date rec'd by registrar) Mrs. J. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 7.P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937, to July 19 1940, and that I last saw her alive on July 19 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	28 hrs
Due to	
Due to Hypertension	3 years
Other conditions Senile Arteriosclerosis	2 years

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Date signed July 21/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07701

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Kent

City or town Rock Hall, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Gratitude Rd

Stay in hospital or insf. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Gratitude Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Winder Hastings

3. (b) Social Security Number 220-05-3176 (Rose.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Married

6 (b) Name of husband or wife Mary E. Hastings.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 5 1877

8. AGE: Years	Months	Days	If less than one day
63	—	27	____ hrs. ____ min.

9. Birthplace Oriole Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER — 12. Name John Hastings

13. Birthplace Somerset Co, Md

MOTHER — 14. Maiden name Sarah Mason

15. Birthplace Somerset Co, Md

16. Informant Mrs M. Hastings

Address Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cem.

Location Princess Anne Md

18. Funeral director Wm. H. Gore

Address Church Hill Md

19. July 2 1940 (Date rec'd by registrar) Mrs. T. B. Dunaway Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2nd 5:30 PM 1940, to July 2nd 5:30 PM 1940, and that I last saw h— alive on July 2nd 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerosis	
Chron. Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Albert G. Burgard M. D. or other

Address Rock Hall, Md Date signed 7/2/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

07702

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown No. Calvert St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME — Jones If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 16, 1940

7. AGE Years ___ Months X Days ___ If LESS then 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Chestertown, Md (State or country)

FATHER

13. NAME Theodora R. Jones

14. BIRTHPLACE (city or town) Penna (State or country)

MOTHER

15. MAIDEN NAME Anna Rebecca Frisby

16. BIRTHPLACE (city or town) Chestertown, Md. (State or country)

17. INFORMANT Anna Rebecca Frisby (Address) Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL Place Chestertown Date July 17, 1940

19. UNDERTAKER By Family (Address) Saml Wilson - Chestertown

20. FILED July 16, 1940 Alice K. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 16, 1940, to July 16, 1940

I last saw her dead alive on July 16, 1940; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Premature of unknown cause

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Dr. Wm. Richmond M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

07703

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Rock Hall R.D. Stevensville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
County Kent
City or town Rock Hall R.D. Md
Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME James D. Kelley

3. (b) Social Security Number

4. Sex male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Eliz Kelley
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 8, 1856
8. AGE: Years 84 Months 1 Days 11 If less than one day hrs. min.
9. Birthplace Kent Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
12. Name of Father James Kelley
13. Birthplace Md
14. Maiden name of Mother Elizabeth Smith
15. Birthplace Md
16. Informant Jos Kelley
Address Rock Hall R.D. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Wesley Chapel
18. Funeral director Wm H. Good
Address Church Hill
19. July 21 1940 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 7P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 July 15 1940, and that I last saw h alive on July 19 1940.
Immediate cause of death Stomach Tumor Rupt, due to
Due to Carcinosis Peritonei (probably cancer of liver)
Due to Acute Jaundice
Other conditions Duration: one year.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

DURATION

Q.W.S.R.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Hines M. D. or other
Address Chestertown Md Date signed July 20/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

07704

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Golts Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Golts Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Solomon Martin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife: Flora Martin

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Mar 28 1875

8. AGE:

Years	Months	Days	If less than one day
65	4	10	hrs. ___ min.

9. Birthplace: Golts (Town, county, and state)

10. Usual occupation: Farm work

11. Industry or business:

FATHER — 12. Name: Joseph Martin

13. Birthplace: Charlestown Md

MOTHER — 14. Maiden name: Hanna Lee

15. Birthplace: Golts Md

16. Informant: Flora Martin

Address: Golts Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) July (day) 13 (year) 40

Cemetery or crematory: Golts

Location: Golts

18. Funeral director: B R Fellows

Address: Millington Md

19. (Date rec'd by registrar) July 13 1940 Merritt Brice Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1940, to July 4, 1940, and that I last saw him alive on July 4, 1940.

	DURATION
Immediate cause of death: Valvular Heart Disease	12 years
Due to: associated with Chronic Nephritis, and	
Due to: Diabetes	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. P. Strong, M.D.

M. D. or other

Address: Millington, Md. Date signed 7-13-40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07745

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(8)

County Kent — Registration Dist. No. 202

Village or City Chestertown Md — No. Kent Co. Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Meeks — If U.S. Veteran specify WAR ...

(a) Residence: No. ... St., ... Ward. Centreville Md.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

Premature Still born 7 months duration

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown Md — (State or country)

FATHER

13. NAME Harry S. Meeks

14. BIRTHPLACE (city or town) Still Pond Md. (State or country)

MOTHER

15. MAIDEN NAME Madge Cordelia Wilmer

16. BIRTHPLACE (city or town) Betterton Md — (State or country)

17. INFORMANT Harry S. meeks (Address) Betterton, md

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19..

disposed of by family

19. UNDERTAKER ... (Address)

20. FILED July 10, 1940 Alice C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 5 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1940 to 7-5, 1940

I last saw h... alive on 7-5-, 1940; death is said to have occurred on the date stated above, at 11 45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	
Intrauterine asphyxia —	
Other Contributory Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) R. Duke Farr M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

07706

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 4 years

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Balto. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edwin E. Roe

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	~~single~~ widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day hrs. min.

9. Birthplace Do Not Know (Town, county, and state)

10. Usual occupation ~~work~~ none

11. Industry or business

FATHER 12. Name DO NOT KNOW

13. Birthplace

MOTHER 14. Maiden name DO NOT KNOW

15. Birthplace

16. Informant Supt - Almshouse

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16 1940 (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Near Rock Hall

18. Funeral director Ralph Hamilton Inc

Address Chestertown, Md. by J.W.

19. July 15, 1940 (Date rec'd by registrar) Alice E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 15 1940, and that I last saw him alive on July 14 1940

	DURATION
Immediate cause of death Hemiplegia	24 hr.
Due to Arteriosclerosis	12
Due to Chr. Myocarditis & Nephritis	19
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other

Address Kennedyville Md. Date signed July 15 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

07707

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent Co.

City or town: Near Millington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent Co.

City or town: Near Millington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James B. Stevens

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida M. Stevens

6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): April 10 1869

8. AGE: Years: 71 Months: 4 Days: 9 If less than one day: hrs. min.

9. Birthplace: Queen Annes (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Samuel Stevens

13. Birthplace: Kent Co.

MOTHER

14. Maiden name: Hester Norton

15. Birthplace: Delware

16. Informant: Ida M. Stevens

Address: near Millington Md.

17. Burail (Burial, cremation, or removal. Which?) Date thereof: July 22, 1940 (month) (day) (year)

Cemetery or crematory: Millington

Location: Millington Md.

18. Funeral director: Edward Fellows

Address: Millington Md.

19. July 22 1940 (Date rec'd by registrar) Deputy Local Registrar: M. Brier

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 19 1940, and that I last saw him alive on July 19 1940.

Immediate cause of death	DURATION
Carcinoma of Colon & Lungs	1939
Due to	
Due to Epithelioma of face (removed 1932)	1930
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Marvin B. Brier M. D. or other

Address: Millington Md. Date signed: July 19/40

RECEIVED
AUG 6 1940
BUREAU V. S.

07695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 701

1. PLACE OF DEATH:
County: Still Pond
City or town: Kent Co. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent Co.
City or town: Still Pond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John C. Briscoe

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W.	Widower

6 (b) Name of husband or wife: Laura V. Briscoe
6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): Nov 7th. 1845

8. AGE: Years	Months	Days	If less than one day
94	8	20	hrs. min.

9. Birthplace: Kent Co Md.
(Town, county, and state)
10. Usual occupation: Coverage Trenner
11. Industry or business

FATHER
12. Name: John Theodore Briscoe
13. Birthplace: Kent Co. Maryland.

MOTHER
14. Maiden name: Amelia Ann Eliz Brice
15. Birthplace: Kent Co. Maryland.

16. Informant: Ernest D. Briscoe
Address: Still Pond. Kent Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/30/40 (month) (day) (year)
Cemetery or crematory: Galena Methodist Cem.
Location: Galena Kent. Co. Md.

18. Funeral director: Marvin V. Williams
Address: Chestertown, Md.

19. July 30 1940 (Date rec'd by registrar) J W Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 12.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 July 27 1940 and that I last saw him alive on July 27 1940.

Immediate cause of death: Arteriosclerosis

DURATION: 2

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. G. Simpers M. D. or other
Address: Chestertown Date signed: July 29, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (1) (T)

RECEIVED
AUG 5 1960
BUREAU V. S.